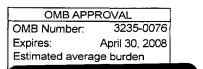
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UNITED STATES
SECURITIES AND EXCHANGE COMMISSION
Washington, D.C. 20549

### **FORM D**

# NOTICE OF SALE OF SECURITIES PURSUANT TO REGULATION D, SECTION 4(6), AND/OR UNIFORM LIMITED OFFERING EXEMPTION





	UNIFORM LIMITED OFFERING EARING	TION
Name of Offering ( check if INDEBTEDNESS CANCELLATI	f this is an amendment and name has changed, and indicate change.)	
Filing Under (Check box(es) that		ULOE
. New Lum	A. BASIC IDENTIFICATION DATA	
	<u> Marian III. Mahabatan Mariangka na makasa kan III. Pasa sa Menengan mahan kapasa sa III.</u>	<b>建工程,在1000年间,1000年</b>
1. Enter the information request		
`	is is an amendment and name has changed, and indicate change.)	
OSI SECURITY DEVICES	Olymphon and Street City, State 7in Cody)	Taleston N. J. G. L. F. A. G. L.
Address of Executive Offices 1580 JAYKEN WAY, CHULA VI	(Number and Street, City, State, Zip Code) STA, CA 91911	Telephone Number (Including Area Code) 619-628-1000
Address of Principal Business Op (if different from Executive Offic		Telephone Number (Including Area Code)
Brief Description of Business		
MANUFACTURE OF SECURITY	YLOCKS	
Type of Business Organization		FRUCESSE
corporation		lease specify):
business trust	limited partnership, to be formed  Month Year	- / / was a / SII3
Actual or Estimated Date of Incor Jurisdiction of Incorporation or C		nated THOMSON FINANCIAL
GENERAL INSTRUCTIONS		
Federal: Who Must File: All issuers making .77d(6).	an offering of securities in reliance on an exemption under Regulation D or	Section 4(6), 17 CFR 230.501 et seq. or 15 U.S.C.
and Exchange Commission (SEC)	iled no later than 15 days after the first sale of securities in the offering.  on the earlier of the date it is received by the SEC at the address given be mailed by United States registered or certified mail to that address.	
Where To File: U.S. Securities and	d Exchange Commission, 450 Fifth Street, N.W., Washington, D.C. 205-	49.
	of this notice must be filed with the SEC, one of which must be manually ed copy or bear typed or printed signatures.	signed. Any copies not manually signed must be
	ng must contain all information requested. Amendments need only report in Part C, and any material changes from the information previously supplied	
Filing Fee: There is no federal fil	ling fee.	
ULOE and that have adopted thi are to be, or have been made. If	ate reliance on the Uniform Limited Offering Exemption (ULOE) for sa s form. Issuers relying on ULOE must file a separate notice with the Se a state requires the payment of a fee as a precondition to the claim for see shall be filed in the appropriate states in accordance with state law.	ecurities Administrator in each state where sales the exemption, a fee in the proper amount shall
	ATTENTION	
Failure to file notice in the	e appropriate states will not result in a loss of the federal ex	remntion Conversely failure to file the
	will not result in a loss of an available state exemption unle	

SEC 1972 (6-02)

Persons who respond to the collection of information contained in this form are not required to respond unless the form displays a currently valid OMB control number.

#### A. BASIC IDENTIFICATION DATA Enter the information requested for the following: Each promoter of the issuer, if the issuer has been organized within the past five years; Each beneficial owner having the power to vote or dispose, or direct the vote or disposition of, 10% or more of a class of equity securities of the issuer. Each executive officer and director of corporate issuers and of corporate general and managing partners of partnership issuers; and Each general and managing partner of partnership issuers. Check Box(es) that Apply: Promoter Beneficial Owner Executive Officer Director General and/or Managing Partner BRITTON, RALPH H. Full Name (Last name first, if individual) 1580 JAYKEN WAY, CHULA VISTA, CA 91911 Business or Residence Address (Number and Street, City, State, Zip Code) Check Box(es) that Apply: Beneficial Owner Executive Officer Promoter Director General and/or Managing Partner OUTZS, ALLAN H. Full Name (Last name first, if individual) 1580 JAYKEN WAY, CHULA VISTA, CA 91911 Business or Residence Address (Number and Street, City, State, Zip Code) Beneficial Owner Check Box(es) that Apply: Promoter Executive Officer □ Director General and/or Managing Partner RASMUSSEN, RICHARD H. Full Name (Last name first, if individual) 1580 JAYKEN WAY, CHULA VISTA, CA 91911 Business or Residence Address (Number and Street, City, State, Zip Code) Check Box(es) that Apply: Promoter Beneficial Owner Executive Officer Director General and/or Managing Partner RASMUSSEN, RICHARD C. Full Name (Last name first, if individual) 1580 JAYKEN WAY, CHULA VISTA, CA 91911 Business or Residence Address (Number and Street, City, State, Zip Code) Check Box(es) that Apply: Beneficial Owner Executive Officer Director Promoter General and/or Managing Partner TRIMBLE, DEREK Full Name (Last name first, if individual) 1580 JAYKEN WAY, CHULA VISTA, CA 91911 Business or Residence Address (Number and Street, City, State, Zip Code) Check Box(es) that Apply: Promoter Beneficial Owner Executive Officer Director General and/or Managing Partner TUFTS, ROBERT R. Full Name (Last name first, if individual) 235 MONTGOMERY ST, #1035, SAN FRANCISCO, CA 94104 Business or Residence Address (Number and Street, City, State, Zip Code) Executive Officer Check Box(es) that Apply: General and/or Promoter Beneficial Owner Director Managing Partner WEILAND, ALAN J. Full Name (Last name first, if individual) 1580 JAYKEN WAY, CHULA VISTA, CA 91911 Business or Residence Address (Number and Street, City, State, Zip Code) (Use blank sheet, or copy and use additional copies of this sheet, as necessary)

	B. INFORMATION ABOUT OFFERING	397 1200	(SAR)
۱.	Has the issuer sold, or does the issuer intend to sell, to non-accredited investors in this offering?	Yes	No
	Answer also in Appendix, Column 2, if filing under ULOE.		
2.	What is the minimum investment that will be accepted from any individual?	\$ 200,000	0.00
3.	Does the offering permit joint ownership of a single unit?	Yes	No
4.	Enter the information requested for each person who has been or will be paid or given, directly or indirectly, any commission or similar remuneration for solicitation of purchasers in connection with sales of securities in the offering. If a person to be listed is an associated person or agent of a broker or dealer registered with the SEC and/or with a state or states, list the name of the broker or dealer. If more than five (5) persons to be listed are associated persons of such a broker or dealer, you may set forth the information for that broker or dealer only.		
Ful	ll Name (Last name first, if individual)		
Bu	siness or Residence Address (Number and Street, City, State, Zip Code)	···	
Na	me of Associated Broker or Dealer		
Sta	ates in Which Person Listed Has Solicited or Intends to Solicit Purchasers	<del></del>	
	(Check "All States" or check individual States)	Ali Ali	States
	AL       AK       AZ       AR       CA       CO       CT       DE       DC       FL       GA         IL       IN       IA       KS       KY       LA       ME       MD       MA       MI       MN         MT       NE       NV       NH       NJ       NM       NY       NC       ND       OH       OK         RI       SC       SD       TN       TX       UT       VT       VA       WA       WV       WI	HI MS OR WY	MO PA PR
Fu	Ill Name (Last name first, if individual)		
Bu	usiness or Residence Address (Number and Street, City, State, Zip Code)		
Na	ame of Associated Broker or Dealer		
Sta	ates in Which Person Listed Has Solicited or Intends to Solicit Purchasers		
	(Check "All States" or check individual States)	All	States
	AL       AK       AZ       AR       CA       CO       CT       DE       DC       FL       GA         IL       IN       IA       KS       KY       LA       ME       MD       MA       MI       MN         MT       NE       NV       NH       NJ       NM       NY       NC       ND       OH       OK         RI       SC       SD       TN       TX       UT       VT       VA       WA       WV       WI	MS OR WY	MO PA PR
Fu	ull Name (Last name first, if individual)		
Bı	usiness or Residence Address (Number and Street, City, State, Zip Code)		
Na	ame of Associated Broker or Dealer		
St	tates in Which Person Listed Has Solicited or Intends to Solicit Purchasers		
	(Check "All States" or check individual States)	☐ All	States
	AL       AK       AZ       AR       CA       CO       CT       DE       DC       FL       GA         IL       IN       IA       KS       KY       LA       ME       MD       MA       MI       MN         MT       NE       NV       NH       NJ       NM       NY       NC       ND       OH       OK         RI       SC       SD       TN       TX       UT       VT       VA       WA       WV       WI	MS OR WY	ID MO PA PR

(Use blank sheet, or copy and use additional copies of this sheet, as necessary.)

## C. OFFERING PRICE, NUMBER OF INVESTORS, EXPENSES AND USE OF PROCEEDS 4

	sold. Enter "0" if the answer is "none" or "zero." If the transaction is an exchange offering, check this box and indicate in the columns below the amounts of the securities offered for exchange and already exchanged.					
	Type of Security	c	Aggregate Offering Pri		Am	ount Already Sold
	Debt	\$			\$	
	Equity					0.00
	☐ Common ☐ Preferred	~		<u> </u>	<b>"</b>	
	Convertible Securities (including warrants)	\$			\$	0.00
	Partnership Interests	\$	,		\$	
	Other (Specify)					
	Total	s —	2,768,000	.00	\$	0.00
	Answer also in Appendix, Column 3, if filing under ULOE.	_				
2.	Enter the number of accredited and non-accredited investors who have purchased securities in this offering and the aggregate dollar amounts of their purchases. For offerings under Rule 504, indicate the number of persons who have purchased securities and the aggregate dollar amount of their purchases on the total lines. Enter "0" if answer is "none" or "zero."	:	Number Investors		Do	Aggregate blar Amount f Purchases
	Anna Parl Parl Control of the Contro			_		
	Accredited Investors			0	\$	0.00
	Non-accredited Investors					0.00
	Total (for filings under Rule 504 only)	_			\$	
3.	If this filing is for an offering under Rule 504 or 505, enter the information requested for all securities sold by the issuer, to date, in offerings of the types indicated, in the twelve (12) months prior to the first sale of securities in this offering. Classify securities by type listed in Part C — Question 1.		Type of		D/	ollar Amount
	Type of Offering		Security			Sold
	Rule 505				\$	
	Regulation A					
	Rule 504					
	Total					
4.	a. Furnish a statement of all expenses in connection with the issuance and distribution of the securities in this offering. Exclude amounts relating solely to organization expenses of the insurer The information may be given as subject to future contingencies. If the amount of an expenditure is not known, furnish an estimate and check the box to the left of the estimate.	• — •			-	
	Transfer Agent's Fees				\$	
	Printing and Engraving Costs				\$	
	Legal Fees			×	\$	2,500.00
	Accounting Fees		•••••	$\Box$	\$	
	Engineering Fees				\$	
	Sales Commissions (specify finders' fees separately)				\$	
	Other Expenses (identify)				\$	
	Total			$\boxtimes$	\$	2,500.00

	C. OFFERING PRICE, NUM							
	b. Enter the difference between the aggregate offer and total expenses furnished in response to Part C—C proceeds to the issuer."	Duestion 4.a. This difference is the "adjusted or	1000		\$ 2	,765,500.00		
5.	Indicate below the amount of the adjusted gross proceach of the purposes shown. If the amount for any check the box to the left of the estimate. The total of proceeds to the issuer set forth in response to Part	ceed to the issuer used or proposed to be used purpose is not known, furnish an estimate a the payments listed must equal the adjusted or	for		¥	,,		
				Payments to				
		·		Officers, Directors, &		Dovements to		
				<b>Affiliates</b>		Payments to Others		
	Salaries and fees		<u> </u>	]\$	□ \$			
	Purchase of real estate		[	]\$	 \$			
	Purchase, rental or leasing and installation of macl		_	_				
	and equipment							
	Construction or leasing of plant buildings and fac		S	<b>\$</b>				
	Acquisition of other businesses (including the value offering that may be used in exchange for the asset issuer pursuant to a merger)	ts or securities of another	_	l ¢				
	Repayment of indebtedness							
		Working capital						
	Other (specify):			]\$		2,703,300.00		
			L.	J~	. Ш*			
			[	]\$	\$			
	Column Totals		<u> </u>	]\$	<b>⊠</b> \$	2,765,500.00		
	Total Payments Listed (column totals added)			E3 ·				
		d. federal signature						
sig the	e issuer has duly caused this notice to be signed by the nature constitutes an undertaking by the issuer to fur information furnished by the issuer to any non-accr	nish to the U.S. Securities and Exchange Con	ımiss	ion, upon writte	le 505 n requ	, the following est of its staff,		
Iss	uer (Print or Type)	Signature	D	ate				
		I I CM MUILLO 2	- (	7125	10	6		
	I SECURITY DEVICES	3 0,00.00						
	me of Signer (Print or Type)	Title of Signer (Print or Type)		1	1			

- ATTENTION -

Intentional misstatements or omissions of fact constitute federal criminal violations. (See 18 U.S.C. 1001.)

i.,		E. STATE SIGNATURE	<b>(4)</b>							
1.		esently subject to any of the disqualification  Yes	No ⊠							
	See Ap	opendix, Column 5, for state response.								
2.	The undersigned issuer hereby undertakes to fur D (17 CFR 239.500) at such times as required	mish to any state administrator of any state in which this notice is filed a notice by state law.	ce on Form							
3.	3. The undersigned issuer hereby undertakes to furnish to the state administrators, upon written request, information furnished by the issuer to offerees.									
4.		suer is familiar with the conditions that must be satisfied to be entitled to the late in which this notice is filed and understands that the issuer claiming the sing that these conditions have been satisfied.								
	suer has read this notification and knows the content of the conte	ents to be true and has duly caused this notice to be signed on its behalf by the t	ındersigned							
	(Print or Type)	Signature Date 7/25/04								
	ECURITY DEVICES (Print or Type)	Title (Print or Type)								
,	K TRIMBLE	PRESIDENT								

Print the name and title of the signing representative under his signature for the state portion of this form. One copy of every notice on Form D must be manually signed. Any copies not manually signed must be photocopies of the manually signed copy or bear typed or printed signatures.

			Digue Day 1	APPI	ENDIX	en e			aret yasti.
1	Intend to non-a investor	2 I to sell coredited s in State -Item 1)	Type of security and aggregate offering price offered in state (Part C-Item 1)		Type of investor and amount purchased in State (Part C-Item 2)				fication te ULOE attach attion of granted) Item 1)
State	Yes	No		Number of Accredited Investors	Amount	Number of Non-Accredited Investors	Amount	Yes	No
AL									
AK									
AZ									
AR									
CA		X	Common Stock \$2,768,000						X
СО									
СТ									
DE									
DC									
FL	'								
GA									
HI									
ID									
IL							, , , , , , , , , , , , , , , , , , , ,		
IN									
IA									
KS					·				
KY									
LA									
МЕ									
MD									
MA									
MI									
MN									
MS									

1		2	3			4		5	
	to non-ac	to sell ecredited s in State -Item 1)	Type of security and aggregate offering price offered in state (Part C-Item 1)		Type of investor and amount purchased in State (Part C-Item 2)				
State	Yes	No		Number of Accredited Investors	Amount	Number of Non-Accredited Investors	Amount	Yes	No
МО									
МТ									
NE									
NV						-			
NH									
NJ									
NM									
NY									
NC									
ND									
ОН								ļ	
OK									
OR									
PA									
RI					·				
SC									
SD								_	
TN								-	
TX		-	· .	_				_	-
UT									-
VT									
VA							<del>                                     </del>	-	
WA					<del></del>				

WJ

N		4	* 24 3 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5	APPE	NDIX				
l	to non-a	I to sell eccredited s in State Item 1)	Type of security and aggregate offering price offered in state (Part C-Item 1)		amount pu	4 Tinvestor and rchased in State t C-Item 2)		under Sta (if yes, explan- waiver	ification ate ULOE attach attion of granted)
State	Yes	No		Number of Accredited Investors	Amount	Number of Non-Accredited Investors	Amount	Yes	No
WY									
PR									